



John A. Swenson Student Health Services
 McCannel Hall, Room 100
 2891 2nd Avenue N., Stop 9038
 Grand Forks, ND 58202-9038
 Phone: 701.777.4500 Fax: 701.777.4835

NOTICE OF PRIVACY PRACTICES - NONSTUDENT

*Effective Date April 14, 2003
 This Notice was revised on September 13, 2013*

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

*If you have questions or comments, regarding this notice, please contact the University of North Dakota Student Health Services at the above-mentioned address or telephone number.
 All requests, notifications, and complaints should be submitted to Student Health
 Attention: Health Care Analyst*

Whom Does This Notice Apply?

This Notice has been published by the University of North Dakota Student Health Services. It applies to everyone who works for student health, including all employees, contractors, information technology service workers, student employees, and volunteers.

Why Do We Publish This Notice?

As medical professionals, we understand that information about you and your health is sensitive and personal. Also, we are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information.

We are committed to the privacy of our patient's information. However, in order to serve you, we need to obtain, secure, and utilize your records. We occasionally need to share health information with other healthcare, insurance, and billing providers.

This Notice is also to inform you about certain legal rights you have with respect to the information we secure. You have the right to review and copy information in your records. You may also request that we amend these records and may ask us to account for certain disclosures.

When Does This Notice Become Effective?

We are required to comply with the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice and to make the new terms effective for all information to which this Notice applies. This Notice will be in effect from April 14, 2003, until the date we publish an amended notice. If we do publish an amended notice, we will notify you of the amendment at your next appointment to Student

Health Services. We will also publish this information on our website at <http://und.edu/health-wellness/student-health/>, or a copy may be requested by contacting us at the above telephone number or address.

What Information Does This Notice Cover?

This Notice covers all Protected Health Information in our written or electronic records which concerns you, your healthcare, and payment for services we provide for your care. This Notice also covers information we may have shared with other organizations to help us provide care to you, get reimbursed for services provided to you, or to manage our administrative operations. The term "Protected Health Information" as used in this Notice means information that individually identifies you and that we create or obtain from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to: (a) your past, present, or future physical or mental health or conditions; (b) the provision of health care to you; or (c) the past, present, or future payment for your health care.

Uses and Disclosures of Protected Health Information. How We May Use and Disclose Medical Information About You:

In order for us to provide you healthcare, we are permitted to use or disclose your health information for the following purposes:

1. Treatment. We may use or disclose information about you for treatment purposes. This information may be communicated to doctors, nurses, technicians, medical students, or other individuals who work in our practice who are involved in providing you healthcare. We may

also disclose information about you to organizations and individuals involved in your care who are outside of our practice, such as consulting physicians, laboratories, social workers, and other persons in the medical profession. For example, if we refer you to another physician or a hospital for specialty services, we will provide all clinical information which might be necessary or helpful to assist in your care. Or, if it is necessary to send a sample of your blood to a laboratory for analysis, we will provide the laboratory with the information they need to analyze your blood correctly.

2. Payment. We may use or disclose information about you for payment purposes to our staff involved in billing and claims payment. We may also disclose such information to your health plan or other third party financially responsible for your care, or to claims and billing services, if necessary. For example, if you are covered by a health plan, we cannot get paid for the services provided to you unless a claim is submitted. This may include diagnosis and treatment information. This is only an example. There may be other ways we may use or disclose information about you in connection with reimbursement for your care.
3. Health Care Operations. We may use or disclose information about you in connection with the operation of our practice. These activities may include; practice quality improvement, training of medical students, insurance underwriting, medical or legal review, and business planning or administration of our practice. For example, to deliver quality care to you, we may wish to review the quality of care you receive. Or, we may audit our management practices so we can become more efficient. These are only examples, and we may use or disclose information about you for healthcare operations in many other ways.

Other Permitted Disclosures.

We may also disclose information about you without your consent for the following purposes:

1. We may use or disclose your Protected Health Information to public health or other government agencies that are allowed to receive this information, or to persons who report to the FDA. We may disclose vital statistics, communicable diseases, or information about product recalls.
2. We may disclose your Protected Health Information to authorized agencies in the event of suspected child abuse, neglect, or domestic violence. Disclosure will be consistent with state and federal laws.
3. We may disclose your Protected Health Information to authorized agencies in other cases of suspected abuse, neglect, or domestic violence,

under the following circumstances, with your agreement; if required by law, if you are incapacitated, a minor, or it appears necessary to prevent serious harm to you or others.

4. We may disclose your Protected Health Information to a health oversight agency for activities authorized by regulatory, licensing, and other legal purposes that are necessary for healthcare system government programs, and civil rights laws.
5. We may disclose Protected Health Information in judicial or administrative proceedings, in response to a court order, and in certain cases in response to a subpoena, discovery request, or other legal purpose.
6. We may disclose Protected Health Information under certain conditions to law enforcement agencies, subject to applicable legal requirements and limitations.
7. We may disclose Protected Health Information to your authorized superiors or other authorized federal officials, if you are in the United States military, national security, intelligence, or Foreign Service.
8. We may disclose Protected Health Information to coroners, funeral directors, and organ donation organizations, for purposes allowed by law, such as identification or determining cause of death.
9. We may disclose your Protected Health Information to researchers when their research has been approved by an institutional review board or privacy board, and the board has determined that the research meets certain requirements for protection of that information.
10. We may disclose your Protected Health Information to comply with workers' compensation laws and other similar programs established by law.
11. We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.
12. We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others, but any disclosure will be limited to someone who may be able to help prevent the threat.
13. We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. All our business associates are obligated under contract with us to protect the privacy and ensure the security of your Protected Health Information.
14. If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation – such as an organ donation bank

– as necessary to facilitate organ or tissue donation and transplantation.

15. We may disclose Protected Health Information for public health activities. This includes disclosures to: (a) a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for purposes related to the quality, safety, or effectiveness of an FDA-regulated product or activity; (b) prevent or control disease, injury, or disability; (c) report births and deaths; (d) report child abuse or neglect; (e) report reactions to medications or problems with products; (f) notify people of recalls of products they may be using; and (g) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
16. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
17. If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.
18. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary: (a) for the institution to provide you with health care; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.

Pharmacy.

In order to provide optimum care to our patients, Student Health Pharmacy routinely receives the entire patient medical record when an order to fill prescriptions has been received by one of our providers. The Student Health Pharmacy is committed to protecting your personal health information and is required to abide by the terms of this notice.

Reminders and Marketing.

We may send you information to support your healthcare, including appointment reminders, information about alternative treatments, and health related services which may be of interest to you. *Please advise us if you do not wish to receive such communications* and we will not use or disclose your information for such purposes. If you do not wish to receive this type of communication, you must advise us in writing.

Uses and Disclosures that Require Us to Give You an Opportunity to Object and Opt Out:

1. Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interest based upon our professional judgment.
2. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practicably do so.

Your Written Authorization is Required for other Uses and Disclosures. The following uses and disclosures of your Protected Health Information will be made only with your written authorization.

1. Most uses and disclosures of psychotherapy notes.
2. Disclosures that constitute a sale of your Protected Health Information.

What Legal Rights Do You Have in Connection to Your Health Information?

By law, you are entitled to:

1. **Request a restriction.** Ask us to further restrict our use and disclosure of information about you. We are not required to grant such a request, but if we do grant your request, we must abide by it.
2. **Confidential communications.** You have a right to request that we communicate with you about medical matters in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.
3. **Review your medical record.** You have a right to review your personal medical records. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of that review.

4. Obtain a copy of your medical record. You have a right to obtain a copy of all or any part of your medical information. We may charge you a reasonable fee for copying materials. We may not charge a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

5. Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format that you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

6. Request an amendment. You have a right to request an amendment to your medical records. If you believe that the medical information about you is incorrect or incomplete, you may request an amendment in writing and provide a reason to support your request. We are not required to make such an amendment. You are entitled to request in writing a written statement of disagreement, which will be included in your medical record. If you choose to make such a statement, we are entitled to submit a statement of explanation, which will be placed in your medical record.

7. Right to obtain accounting of disclosures. You have a right to receive an accounting of disclosures we have made and to obtain an accounting of disclosures. You have a right to receive specific information about disclosures that were made after April 14, 2003. This does not include disclosures for purposes of treatment, payment, or healthcare operations.

8. Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

9. Out-of Pocket Expenses. If you paid out-of-pocket (in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

10. Right to revoke consent for treatment/payment and healthcare operations. If you have provided us with an authorization for any purpose, you may revoke it at any time. You may revoke an authorization by giving us written notice at our contact address mentioned above. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before we have received such a request.

11. Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting our Health Care Analyst.

12. How to Exercise Your Rights. To exercise your rights described in this Notice, send your request, in writing, to our Health Care Analyst at the address listed at the beginning of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your physician directly.

13. Right to file a complaint. If you believe we have violated your privacy rights, you may forward a written complaint to us. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint, we are legally prohibited from retaliating against you.

Complaints can be submitted to:
Region VIII
Office for Civil Rights
U.S. Dept of Health & Human Services
1961 Stout Street, Room 1185 FOB
Denver, CO 80294-3538
 Phone: (303) 844-2025
 Fax: (303) 844.2025
 TDD (303) 844.3439